CLASS C A	MENDMENTPORM
File the original with:	Mail or fax a copy to
Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900
Columbia, S.C. 29211	Columbia, S.C. 29201 (803) 737-0578
(803) 896 - 5100 FAX (803) 896-5199	FAX (803) 737-0815
DATE: April 6, 2009	2008-103-T
DATE: April 0, 2009	2008-238-T
I have the following Certificate:	
Class C Taxi # Class C Charte	er# 8017-A Class C Charter Bus #
Class C Non-Emergency #7995	
Please consider this as my request for the follow	ing amendment(s) to my Certificate:
Name Change	
From: Pickens County Senior Unlimited, Inc.	DBA:
(Current Name)	(Current DBA if applicable)
TO: Pickens County Seniors Unlimited, Inc. DE (New Name)	BA:(New DBA if applicable)
Scope of Authority	
From:	To:
(Current Scope)	(New Scope)
Passenger Limit	· · ·
From:	То:
(Current Limit Number)	(New Limit Number)
Pickens County Seniors Unlimited, Inc.	114 Pumpkintown Hwy. P.O. Box 1323
(Name & DBA if applicable)	(Street and/or Mailing Address)
Pickens, SC 29671	a Tarrel
(City, State, Zip Code)	(Signature)
<u>864-878-0172</u>	Evocutivo Disastos
(Telephone Number)	Executive Director (Title)

(Title)

STATE OF SOUTH CAROLINA SECFETARY OF STATE

JAN 2 2 2009

NONPROFIT CORPORATION TO ARTICLES OF AMENDMENT SECRETARY OF STATE OF SOUTH CAROLINA

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(* '8 €	a D C	alicant (delivers to the Secretary of State th	5 of the 1976 South Carolina Code of Laws, as amended, nese articles of amendment.						
1.	Th	e name	of the nonprofit corporation is	Pickens County Senior Unlimited, Inc.						
2.	SC	te incoi	rporated August 4, 1972							
3. 3	St	it adify (a) the text of every amendment adopted, and (b) list when each amendment was adopted.								
-	⊏ r	st Articl	e: The name of the corporation sha	all be amended to Pickens County Seniors Unlimited, Inc						
			waa non oquii oo, (b) ii le ainendma	ant represents that (a) approval of the amendment by the ent was approved by a sufficient vote of the board or						
	- i : `		ir the incorporators. (Do <u>not</u> check ote of directors or incorporators wa	this naragraph #4 if member yote was required or if the						
5. i	f th n îc	re appr rmution	oval of the members was required at	to adopt the amendment(s), provide the following						
(9)	Design	nation (Classes of Membership)							
(b)	Numbe	er of memberships outstanding							
(1	c)	Numbe	er of votes entitled to be cast by ea	ech class entitled to vote separately on the amendment						
(0	ci)	Numbe	er of votes of each class indisputab	ply voting on the amendment						
(e)	9)	Complete one of the following as appropriate								
		(i)	Total number of votes cast for an separately	d against the amendment by each class entitled to vote						
		(ï.)	Total number of undisputed votes sufficient for approval for that cla	s cast for the amendment by each class which was						
				PICKENS COUNTY SENIORS UNLIMITED, INC. Filing Fee: \$10.00 ORIG						

Mark Hammond

South Carolina Secretary of State